

10/571242

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Date of Deposit: March 9, 2006

**Application Data Sheet**

1AP20 Rec'd FCT/PTO 09 MAR 2006

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	TUMOR SUPPRESSOR LKB1 KINASE DIRECTLY ACTIVATES AMP-ACTIVATED KINASE
Attorney Docket Number::	B0662.70057US01
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Lewis
Middle Name::	C.
Family Name::	CANTLEY
Street of mailing address::	43 Larch Road
City of mailing address::	Cambridge
State or Province of mailing address::	Massachusetts
Country of mailing address::	U.S.
Zip Code of mailing address::	02138

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United States  
Status:: Full Capacity  
Given Name:: Reuben  
Middle Name:: J.  
Family Name:: SHAW  
Street of mailing address:: c/o Beth Israel Deaconess Medical Center,  
Inc.  
330 Brookline Avenue, RN-325  
City of mailing address:: Boston  
State or Province of mailing address:: Massachusetts  
Country of mailing address:: U.S.  
Zip Code of mailing address:: 02215

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United States  
Status:: Full Capacity  
Given Name:: Nabeel  
Middle Name::  
Family Name:: BARDEESY  
Street of mailing address:: c/o Dana-Farber Cancer Institute, Inc.  
44 Binney Street  
City of mailing address:: Boston  
State or Province of mailing address:: Massachusetts  
Country of mailing address:: U.S.  
Zip Code of mailing address:: 02115

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United States  
Status:: Full Capacity  
Given Name:: Ronald  
Middle Name:: A.  
Family Name:: DEPINHO  
Street of mailing address:: 565 Boylston Street

City of mailing address:: Brookline  
State or Province of mailing address:: Massachusetts  
Country of mailing address:: U.S.  
Zip Code of mailing address:: 02445

**Correspondence Information**

Correspondence Customer Number:: 23628

**Representative Information**

Representative Customer Number:: 23628

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	US2004/029437	09/09/04
US2004/029437	claims priority to	60/501513	09/09/03
US2004/029437	claims priority to	60/506705	09/26/03

**Foreign Priority Information**

**Assignee Information**

Assignee name:: Beth Israel Deaconess Medical Center, Inc.  
Street of mailing address:: 330 Brookline Avenue  
City of mailing address:: Boston  
Country of mailing address:: Massachusetts  
Postal or Zip Code of mailing address:: 02215

AND

Assignee name:: Dana-Farber Cancer Institute, Inc.  
Street of mailing address:: 44 Binney Street  
City of mailing address:: Boston  
Country of mailing address:: Massachusetts  
Postal or Zip Code of mailing address:: 02115